

DOCUMENT RESUME

ED 277 946

CG 019 628

AUTHOR Perry, Gloria R.
TITLE Coping Styles of Nurses Returning to School.
PUB DATE [85]
NOTE 16p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS College Students; *Coping; *Females; Higher Education; *Nurses; *Nursing Education; *Reentry Students; *Role Conflict; Stress Management

ABSTRACT

Nurses returning to school to seek baccalaureate degrees are often mature women with families and full-time jobs who experience numerous role conflicts as wives, mothers, employees, and students. In studying college-educated women and role conflict, Hall (1972) delineated three predominant coping patterns: (1) Type I, negotiation type coping, which involves negotiating with persons in one's environment to reduce role conflict and strain; (2) Type II, priority setting, which involves deciding which roles to emphasize, which to diminish, and which to drop; and (3) Type III, the superwoman approach, which involves trying to meet all role demands and which is analogous to having no conscious coping style. An instrument (Lamont, et al., 1985) using Hall's conceptual model to determine predominant coping styles of respondents based upon their answers to six vignettes was administered to 157 registered nurses enrolled in a baccalaureate completion program. The results revealed a clear preference for negotiation type coping in the sample. Each vignette represented a conflict experienced by mature students enrolled in professional study. The results showed that the type of situation dictated the coping response at least on a group level. Findings from this descriptive survey have implications for nurse educators, nurse employers, and for those who counsel and work with nurses returning to school, as well as for nurses themselves. (NB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED277946

CE 019628

COPING STYLES OF NURSES RETURNING TO SCHOOL

Gloria R. Perry, R.N., Ph.D.
Associate Professor
Graduate Program in Nursing
Southern Illinois University at Edwardsville
School of Nursing, Box 1066
Edwardsville, Illinois 62026-1066
(618) 692-3960 - Office; (314) 291-4117 - Home

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official
OERI position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Gloria R. Perry

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

Coping Styles of Nurses Returning to School

ABSTRACT

This descriptive survey involved 157 registered nurses enrolled in a baccalaureate completion program located in several sites in southern Illinois. Mailed questionnaires were used to determine predominant coping patterns as delineated by Hall (1972) in studying college educated women and role conflict, and operationalized by a series of six vignettes utilized from a study directed by Lamont, et al (1985). According to Hall (1972) negotiation type coping (referred to as Type I) involves structural redefinition; that is, negotiating with those persons in one's environment to reduce role conflict and role strain. Type II coping, priority setting, involves personal redefinition, that is, deciding which roles to emphasize, which ones to diminish, and which ones to drop altogether. Type III coping is the "do all" or superwoman approach which, according to Hall, is roughly analogous to having no conscious coping style. In this mode, the person tries to meet all role demands in order to reduce conflict, and works harder and harder until exhausted. Findings for this relatively large sample group of nurses have implications for nurse educators, for nurse employers, and for those who counsel and work with nurses returning to school, as well as for nurses themselves who are contemplating pursuing a baccalaureate degree.

Gloria R. Perry, R.N., Ph.D.
Associate Professor
Graduate Program in Nursing
Southern Illinois University at Edwardsville
School of Nursing, Box 1066
Edwardsville, Illinois 62026
(618) 692-3960 - Office; (314) 291-4117 - Home

COPING STYLES OF NURSES RETURNING TO SCHOOL

The fact that students returning to school to seek advanced degrees face numerous role conflicts is well known (Abbink, 1983). Usually these students are mature women in the case of nursing students seeking baccalaureate degrees, and they are frequently married, have children, and in addition, full-time jobs (Muzio et al, 1979). They are quite naturally bombarded with role conflicts as soon as they add another role - that of student - to their repertoire of roles. Prior work done by the researcher (Burgess, 1979) led to an interest in this topic, as well as recent personal contact with other researchers such as Lamont, et al (1985) who conducted a study of graduate social work students and coping styles. Studies regarding nurses are once again needed to determine how nurses are now coping with the multiple and unceasing demands which they face in the rapidly changing health care arena that currently exists. This study examined coping styles of students enrolled in a university RN Outreach Program located at several sites in southern Illinois. The author utilized the conceptual framework developed by Douglas T. Hall in his study of college educated women and role conflict (1972).

The instrument used by Lamont, et al (1985) and based on Hall's conceptual model enabled the researcher to determine predominant coping styles of respondents based upon their answers to a series of six vignettes. Content validity of these vignettes was empirically supported because the nature of the situations chosen was reflected in the literature and also an attempt was made to address validity by asking respondents if the questions represented situations similar to what might be encountered as an outreach student, and if they were satisfied with their answers. In the current RN sample, ninety-

two percent of the subjects said the situations represented what might be encountered in the life of an RN student and ninety-six percent were satisfied with the answers they gave to the items.

The conceptual framework defined by Hall (1982), followed by the instrument developed by Lamont, et al (1985), identified three major styles of coping with role conflict: 1) negotiation with role partners or role senders, 2) personal redefinition or priority setting (perhaps giving up roles) and 3) the super woman approach (attempt to fulfill all roles). Through administration of the instrument and analysis of the results, it is possible to determine the predominant coping style of each respondent; demographic factors were also elicited such as age, length in program, marital status, children, employment, illness incidence, and sources of support. In addition, respondents were invited to comment regarding their thoughts about returning to school as adult learners. The following research questions guided the study:

- 1) Is there a relationship between "newness" to the student role and fulfillment of all roles as a coping pattern (super woman phenomena);
- 2) Is there a relationship between the number of roles (wife, mother, full-time employment) and preference for the coping pattern of priority setting; and,
- 3) Is there a relationship between "longevity" in the student role and a preference for the coping pattern of negotiation with role partners.

The term "newness" to the student role was defined by answers to a demographic question regarding length in the program: enrollment of less than twelve months was deemed new. The term "longevity" in the student role was determined by answering the demographic question indicating graduation was expected within six months. The need to allow time for initial socialization to the student role (Hardy, 1979) was taken into account in measuring newness to student role.

Methods

The researcher used mailed questionnaires to all identified RN Outreach students and received 157 responses from 266 mailed questionnaires (59% response rate). The instrument was interesting by the nature of the vignettes posed and could be completed easily in 15-20 minutes. Figure 1 provides an illustration of one of the vignettes utilized (attached). The instrument had been developed and previously used by Lamont, et al (1985) in a study of female graduate level social work students.

Findings

Description of the Sample. The demography of the sample group consisting of 157 subjects was rather interesting by itself. Of the 157 total number, 66.8% were married and 32.2% were single; stated simply, two-thirds of the group were married and one-third were single. The ages of the sample group are as depicted in the following table.

Table 1
Ages of RN Sample (N=157)

Age Group	Frequency	Percent
20-24	10	6.3%
25-29	18	11.4%
30-34	37	23.5%
35-39	33	21.0%
40-44	20	12.7%
45-49	22	14.0%
50-54	10	6.3%
>50	<u>8</u>	<u>4.4%</u>
Totals	157	100.0%

It was clear from the ages represented that most of the nurses (71.2%) were between the ages of 30-49, making this a very mature group of adult learners. In addition, nearly 11% were over 50 years of age with a similar percent between 25-29 years of age. The number of subjects with children is depicted in Table 2 as follows:

Table 2
Sample Subjects by Parent Role (N=157)

Category	Frequency	Percent
1-2 children	89	56.6%
More than 2 children	27	17.2%
0 children or >18 years of age	41	26.2%

While those with children outnumbered those without children, a rather significant percent (26.2%) had either no children or grown children over the age of 18 years. Many respondents made comments, however, of being responsible for an elderly relative living in their home which is not surprising considering the predominant age groups represented in this sample and the fact that all respondents were female. In addition, 123 or 78.3% were employed full-time and only 34 or 21.7% were employed part-time or not at all.

The subjects were asked to report incidence of major or minor illness while in the RN Outreach Program to attempt to obtain a possible index of stress experienced during enrollment in the program. In this regard, 16 subjects (10.2%) reported major illnesses while in the program and 50 subjects (31.8%) reported minor illnesses for a combined total of illness encountered by 66 subjects or 42% of the sample. This finding, 42%, is less

than that (63%) found by Lamont, et al, (1985) in her social work students at the graduate level (N=27). In the RN sample, 91 respondents (58%) said that they had experienced no illness or their health had improved while in the program. It is interesting to note that among those who had babies during their enrollment in the program, some claimed this as serious illness, some said it was minor, and some reported it separately but as no illness.

The significant sources of social support reported by these registered nurses was family (reported by 44.0%), followed by friends (22.3%), classroom (21.0%), and workplace (7.7%), with several respondents claiming classroom colleagues as being great sources of support and workplace coworkers as giving little support. Family members were often described in glowing terms as being very significant supporters of the students, without whom they would or could not have continued in the program. Only a small percentage of respondents checked the "other" category of significant support (5%), but of those who did the responses were pets, children, prayer (mentioned by several persons) and some significant individual in that person's life.

Research Questions

There was no relationship found between newness to student role and preference for "do all" coping. The findings indicated that the new student group did have a high percentage (32%) of this type coping, though the results were not statistically significant. In regard to the other question posed regarding length in the program longevity in the student role and a preference for negotiation coping, the data clearly showed the number of negotiators (59%) to be high among that group. Again, the results were not statistically significant even though there was a definite trend in the predicted direction. Chi square analysis was applied to the nominal level data in this study.

In regard to the question of a possible relationship between the number of roles and preference for priority setting, the question turned out to be moot since only two nurses in the entire sample chose priority setting as their preferred coping style. It is important to note that Hall (1972) felt priority setting was a precursor to negotiation type coping so that perhaps the nurses had moved beyond priority setting as a coping preference or style.

Additional Findings

The overall coping preferences of this group of registered nurses is depicted in the following table:

Table 3
Coping Patterns Chosen by Sample (N=157)

<u>Pattern</u>	<u>Frequency</u>	<u>Percent</u>
Negotiator	80	51%
Priority Setter	2	1%
Do All	38	24%
Split/Mixed	37	24%*

*Rounded up from 23.5%

There was a clear preference for the negotiator type (I) coping in this sample group. As outlined by Hall (1972) this is the highest type of coping and it deals with structural redefinition, that is, negotiating with those persons in one's environment to reduce role conflict and meet necessary demands in this manner. The personal redefinition type (II) or priority setting is thought to be a necessary precursor to type I (negotiation), that is, one must think through one's priorities and decide which roles to emphasize, which ones to diminish or drop, and then one is able

to move to negotiation with significant role senders. Clearly, the registered nurses did not favor personal redefinition/priority coping and only two subjects had this response pattern. However, perhaps those who were truly priority setters, did not bother to answer the questions! The third pattern outlined by Hall (1972) is the "do all" approach or superwoman phenomena called Type III coping and roughly analogous to no coping pattern at all. This person tries to meet all role demands in order to reduce conflict. She works harder and harder to meet all demands until she is exhausted. Of the nurses in this sample, 51% favored the negotiator (Type I) pattern while 24% favored the do all (Type III) approach. The remainder (24%) were a combination of Negotiator/Do All (3 responses each way) and a three-way split (2 responses each way). This means that the splits and mixed response patterns had a considerable number of "do all" type responses in them. Therefore, one could extrapolate that the do all pattern is more closely in second place to the negotiator than the clear 24% represented.

Each vignette represented a conflict experienced by mature students enrolled in professional study. The tool as originally administered to social work students (Lamont, et al, 1985) was modified only slightly in wording to fit the RN population; both groups have clinical experiences/placements as well as class responsibilities. The first vignette dealt with home versus school conflict and involved a flooded basement versus a test in class. The second vignette revolved around workshop attendance versus job and clinical hours. The third vignette concerned work versus a school conflict and the need to be to class on time. The fourth vignette dealt with work versus a family concern involving children. The

fifth vignette dealt with a family function (obligation) versus clinical placement (See Figure 1 for this sample vignette). The sixth and final vignette concerned clinical demands versus class time.

The overall response pattern, that is, the percent of answers across all vignettes according to coping pattern, were remarkably similar between the social work students (N=27) reported by Lamont, et al (1985) and the current sample of nurses (N=157). The social work students had 58% of their responses in the negotiation category and the nurses 52.6%; the social work students had 15% of their responses in the priority category and the nurses 15.4% in this category; the social work students had 27% of their responses in the do all category and nurses had 33% in this category. Due to the disparity in sample sizes between the two groups no firm conclusions can be drawn except to say that the percentages found were indeed similar.

Discussion

In looking at the meaning behind the nurses' answers to the different vignettes, it is apparent that the type of situation dictated the coping response at least on a group level. The nurses as a group could favor priority setting when attendance at a workshop was the factor at stake. When it came to their children, however (vignettes four and five), they opted to do everything as best they could, placing a high value on tasks associated with the mothering role. This is not surprising since our culture is one in which guilt is easily acquired through neglect of motherly duties and women have been socialized to assume all of these duties without even questioning them until quite recently. In the other situations, perhaps not perceived as so crucial (vignettes one, three, and six), the nurses as a

group could quite easily favor negotiation coping as the predominant response pattern, and overwhelmingly chose to negotiate with significant others in order to reduce role conflict and limit demands.

On a more individual level, 80 nurses chose negotiation three or more times out of the six (vignette) opportunities which represented 51% of the sample. However, 24% were true "do all" types who chose that option three or more times out of the six opportunities; Hall (1972) referred to this category of coping as roughly analgous to no coping at all. Coping strategies can be learned and it is assumed that consciously choosing a coping strategy is better than having no strategy at all. The individual who tries to do it all usually ends up exhausted without a real feeling of accomplishment because none of the roles could be fulfilled with satisfaction. This was reflected in the comments that some of the do all category subjects made at the end of the questionnaire, such as "I never get done", "there's never any time to just be with my family and they have suffered because of it". The split or mixed patterns of coping (as reflected by a two- or three-way split in answers to the vignettes) accounted for 24% of the respondents so that they demonstrated no consistent pattern of coping as measured by this tool.

This was a basic descriptive study utilizing vignettes based on a conceptual model of coping with role conflict experienced by college educated women and, as such, it is not without limitations. It does, however, provide some clues as to what we as nurse educators can do to assist our students as they enter baccalaureate nursing programs. Content relative to coping methods, strategies, and personal decision-making can be incorporated

into presentations for those returning to school. Even an article such as that written by Douglas Hall or the work by Mary Ann Haw: Women, Work and Stress, could be disseminated among RNs and especially among those contemplating re-entry to school. This would provide a content base from which to re-evaluate one's individual coping repertoire or learn to consciously cope with role conflicts and demands for perhaps the first time in a more analytic way. Such action may make "managing your home, family and career while maintaining your sanity" more of a reality for those returning to school and for their colleagues as well. This is an exciting possibility and one which could be easily implemented.

Figure 1

Sample Vignette

As a single parent who works a forty-hour per week job, has an eight-hour clinical placement, and attends two evening classes per week, you are faced with the following dilemma: Your child asks you to attend a school program from 1:30 to 3:45 p.m., which includes a Parent/Teacher Conference, on the day of the your clinical placement. School policy states you must be there to receive your child's report card.

What option would you choose?

- A. Discuss situation with your ex-husband and ask him to attend the program and parent/teacher conference.
- B. You decide you cannot attend; send a note to the school requesting that your child's report card be mailed.
- C. Negotiate with your clinical instructor to come in later and make up the time on the weekend so that you can attend the school function.

References

- Abbink, C. (1983). Adult development and returning to school. Returning to school: A guide for nurses. New York: Prentice-Hall, Inc.
- Burgess, G. (1979). Nurses as women. Nursing Leadership, 2(4), 26-28.
- Hall, D. (1972). A model of coping with role conflict: The role behavior of college-educated women. Administrative Science Quarterly, 17, 471-486.
- Hardy, M. & Conway, M. (1978). Role thoery - Perspectives for health professionals. New York: Appleton-Century-Crofts, Inc.
- Haw, M. A. (1982). Women, work and stress. Journal of Health and Social Behavior, 23, 132-143.
- Lamont, A. et al (1985). Coping Styles of Professional Women: Inventory and Implications. Unpublished manuscript, Wayne State University School of Social Work, Detroit, Michigan.
- Muzio, L. G. et al. (1979). The RN student: Unique characteristics, unique needs. Nursing Outlook, 528-532.